

## Depression overview

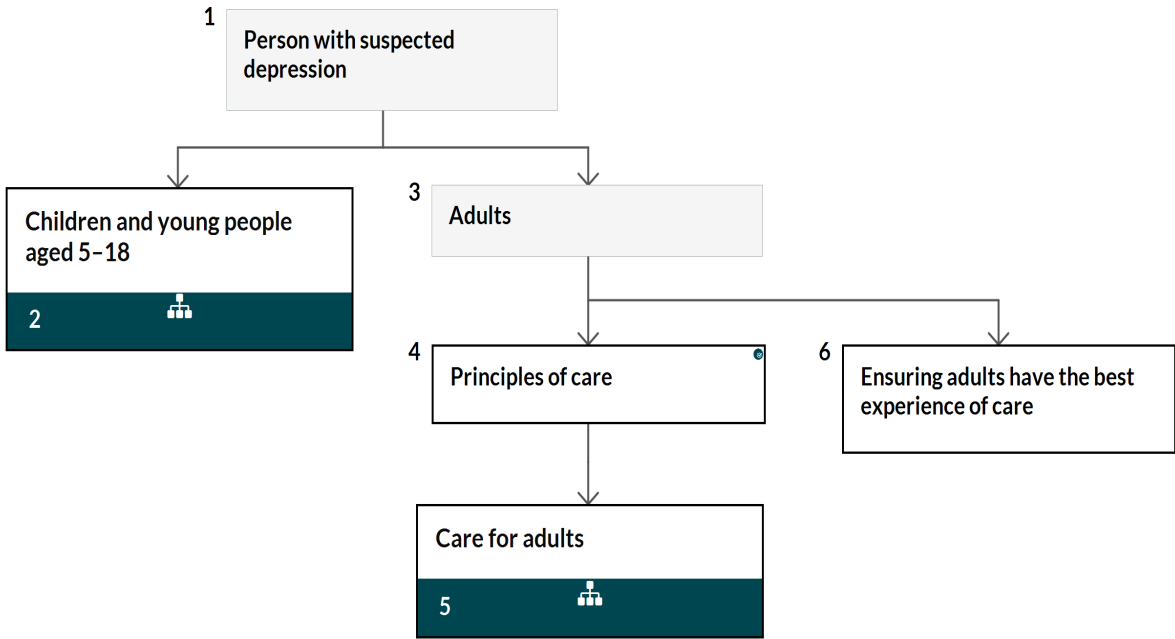
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/depression>

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This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Person with suspected depression

No additional information

## 2 Children and young people aged 5–18

See depression in children and young people

## 3 Adults

No additional information

## 4 Principles of care

### Information, support and consent

When working with people with depression and their families and carers:

- build a trusting relationship and explore treatment options with hope and optimism, explaining the different courses of depression and that recovery is possible
- be aware of possible stigma and discrimination associated with depression
- ensure that confidentiality, privacy and dignity are respected
- provide information about depression and its treatment, and about self-help groups, support groups and other resources
- ensure that comprehensive written information is available in the appropriate language and in audio format if possible
- provide independent interpreters if needed.

Be sensitive to diverse cultural, ethnic and religious backgrounds, and aware of possible variations in the presentation of depression. Ensure competence in:

- culturally sensitive assessment
- using different explanatory models of depression
- addressing cultural and ethnic differences when developing and implementing treatment plans
- working with families from diverse ethnic and cultural backgrounds.

Provide all interventions in the person's preferred language where possible.

Ensure that the person can give meaningful and informed consent before treatment starts, especially if they have severe depression or are subject to the Mental Health Act. Consent should be based on the provision of clear information (also provided in writing) covering:

- what the intervention comprises
- what is expected of the person while having it
- likely outcomes (including side effects).

### **Supporting families and carers**

When families or carers are involved in supporting a person with severe or chronic<sup>1</sup> depression, consider:

- providing written and verbal information on depression and how they can support the person
- providing information about local family or carer support groups and voluntary organisations, and helping families or carers to access these
- offering a carer's assessment
- negotiating confidentiality and the sharing of information between the person and their family or carers.

### **Effective delivery of care**

All interventions should be delivered by competent practitioners. Psychological and psychosocial interventions should be based on the relevant treatment manual(s), which should guide their structure and duration. Practitioners should consider using competence frameworks developed from the relevant treatment manual(s) and for all interventions should:

- receive regular high-quality supervision
- use routine outcome measures and ensure that the person with depression is involved in reviewing the efficacy of treatment
- monitor and evaluate treatment adherence and practitioner competence.

### **Additional considerations for people with a chronic physical health problem**

If a person's care is shared between primary and secondary care, there should be clear agreement between practitioners (especially the person's GP) on the responsibility for monitoring and treating that person. Share the treatment plan with the person and (if appropriate) with their family or carer.

If a person's chronic physical health problem restricts their ability to engage with a psychosocial or psychological intervention for depression, discuss alternatives with the person, such as antidepressants or delivering the interventions by telephone if mobility or other difficulties prevent face-to-face contact.

See what NICE says on [multimorbidity](#).

### Treatment based on depression subtype and personal characteristics

- **Do not routinely vary** treatment strategies by depression subtype (for example, atypical depression or seasonal depression) or personal characteristics (for example, sex or ethnicity).
- Advise people with winter depression who wish to try light therapy that the evidence for the efficacy of light therapy is uncertain.

### Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

#### Depression in adults

2. Practitioner competence
3. Recording health outcomes

## 5 Care for adults

[See Depression / Care for adults with depression](#)

## 6 Experience of care

Use these recommendations with NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [service user experience in adult mental health services](#).

<sup>1</sup> Depression is described as 'chronic' if symptoms have been present more or less continuously for 2 years or more.

**CBT**

cognitive behavioural therapy

**CCBT**

computerised cognitive behavioural therapy

**DSM-IV**

diagnostic and Statistical Manual of Mental Disorders

**ECT**

electroconvulsive therapy

**ICD-10**

International Statistical Classification of Diseases and Related Health Problems (tenth edition)

**IPT**

interpersonal therapy

**MAOI**

monoamine oxidase inhibitor

**Mild depression**

few, if any, symptoms of depression in excess of the 5 required to make the diagnosis, and symptoms result in only minor functional impairment, according to DSM-IV

**Moderate depression**

symptoms of depression or functional impairment are between mild and severe

**NSAID**

non-steroidal anti-inflammatory drug

**Severe depression**

most symptoms of depression according to DSM-IV, and the symptoms markedly interfere with functioning. Can occur with or without psychotic symptoms

**SSRI**

selective serotonin reuptake inhibitor

**Subthreshold depressive symptoms**

fewer than 5 symptoms according to DSM-IV

**TCA**

tricyclic antidepressant

**Sources**

Depression in adults with a chronic physical health problem: recognition and management (2009) NICE guideline CG91

Depression in adults: recognition and management (2009 updated 2016) NICE guideline CG90

**Your responsibility****Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline

to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare



professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.